

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/829251
FILING DATE
APPLICANT(S)

2-9-04 CLAIMS

AS FILED	IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	* <i>Amend B</i> *		IND.	DEP.
			IND.	DEP.	IND.	DEP.			IND.	DEP.		
1	1		1		1		51	1			3	3
2	1		1		1		52	1			3	3
3	2		2		1		53	1			1	
4	1		1		1		54	1			1	
5	1		1		1		55	1			1	
6	1		1		1		56	1			1	
7	2		2		1		57	1			1	
8	1		2		1		58	1			1	
9	2		2		1		59	1			3	3
10	2		2		1		60	1			3	3
11	2		2		1		61	1			3	3
12	2		2		1		62	1			1	
13	2		2		1		63	1			3	3
14	2		2		1		64	1			3	3
15	1		2		1		65	1			3	3
16	2		2		1		66				1	
17	2		2		1		67					
18	2		2		1		68					
19	3		2		1		69					
20	2		2		1		70					
21	2		2		1		71					
22	1		1		1		72					
23	1		1		1		73					
24	1		1		1		74					
25	1		1		1		75					
26	1		1		1		76					
27	2		2		1		77					
28			2		1		78					
29	1		1		1		79					
30			1		1		80					
31			1		1		81					
32			1		1		82					
33			1		1		83					
34			1		1		84					
35			1		1		85					
36			1		1		86					
37			1		1		87					
38			1		1		88					
39			1		1		89					
40			1		1		90					
41			1		1		91					
42			1		1		92					
43			1		1		93					
44			1		1		94					
45			1		1		95					
46			1		1		96					
47			1		1		97					
48			1		1		98					
49			1		1		99					
50			1		1		100					
TOTAL IND.	4						TOTAL IND.	8				
TOTAL DEP.	46						TOTAL DEP.	75				
TOTAL CLAIMS	44						TOTAL CLAIMS	83				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY